



Recipient Information

1. Recipient Name

CARE RESOURCE COMMUNITY HEALTH
CENTERS INC
3510 Biscayne Blvd FL 3rd
Miami, FL 33137-3840

2. Congressional District of Recipient

24

3. Payment System Identifier (ID)

[REDACTED]

4. Employer Identification Number (EIN)

[REDACTED]

5. Data Universal Numbering System (DUNS)

[REDACTED]

6. Recipient's Unique Entity Identifier (UEI)

[REDACTED]

7. Project Director or Principal Investigator

Mr. Douglas Steele
dosteele@careresource.org
305-576-1234 x 358

8. Authorized Official

Dr. Steven Santiago
Chief Executive Officer
ssantiago@careresource.org
305-576-1234 x 234

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Benita Bosier-Ingram
Grant Management Specialist
ula8@cdc.gov
404-638-7434

10. Program Official Contact Information

Rupa Patel
Program Officer
ntw4@cdc.gov
404-498-5224

30. Remarks

Federal Award Information

11. Award Number

6 NU62PS924781-03-04

12. Unique Federal Award Identification Number (FAIN)

NU62PS924781

13. Statutory Authority

Sections 301 and 318(b) of the Public Health Service Act; 42 USC Sections 241 and 247c(a), as amended

14. Federal Award Project Title

Project sTrenGth (Status-neutral Transgender-serving Organizations Ending Together HIV)

15. Assistance Listing Number

93.944

16. Assistance Listing Program Title

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance

17. Award Action Type

NGA Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/30/2024 - **End Date** 06/29/2025**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

21. Authorized Carryover

\$0.00

22. Offset

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$500,000.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$500,000.00

26. Period of Performance Start Date 06/30/2022 - **End Date** 06/29/2026**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance**

\$1,599,164.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham

Team Lead, Grants Management Officer



Centers for Disease Control and Prevention

Award# 6 NU62PS924781-03-04

FAIN# NU62PS924781

Federal Award Date: 02/11/2025

Recipient Information**Recipient Name**

CARE RESOURCE COMMUNITY HEALTH
CENTERS INC
3510 Biscayne Blvd FL 3rd
Miami, FL 33137-3840
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Congressional District of Recipient

24

Payment Account Number and Type

[REDACTED]

Employer Identification Number (EIN) Data

[REDACTED]

Universal Numbering System (DUNS)

[REDACTED]

Recipient's Unique Entity Identifier (UEI)

[REDACTED]

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$202,569.00
b. Fringe Benefits	\$56,763.00
c. Total Personnel Costs	\$259,332.00
d. Equipment	\$0.00
e. Supplies	\$12,618.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$60,000.00
i. Contractual	\$115,000.00
j. TOTAL DIRECT COSTS	\$446,950.00
k. INDIRECT COSTS	\$53,050.00
l. TOTAL APPROVED BUDGET	\$500,000.00
m. Federal Share	\$500,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390JT6	22NU62PS924781	PS	41.51	93.944	\$0.00	75-22-0950
3-9390JT6	22NU62PS924781	PS	41.51	93.944	\$0.00	75-23-0950
4-9390JT6	22NU62PS924781	PS	41.51	93.944	\$0.00	75-24-0950



Centers for Disease Control and Prevention

Award# 6 NU62PS924781-03-04

FAIN# NU62PS924781

Federal Award Date: 02/11/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

CARE RESOURCE COMMUNITY HEALTH CENTERS INC

6 NU62PS924781-03-04

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

In compliance with the Temporary Restraining Order issued on January 31, 2025, in the United States District Court in the District of Rhode Island, the purpose of this amendment is to **rescind** the **Termination Notice of Award** issued January 31, 2025.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.